State Form 4606 (R9 /11-99) Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMISSION INCOME.	MATION	No. of the same of		
Committee (as on Statement of Organization) Check if this is a new name.				
Robin M MUS for Hamilton County	Auditor			
Acronym or abbreviated name, if any	3. Committee telephone number (317) 984-5435			
4. Mailing address (address where all campaign finance correspondence is received) Ct 23015 Overdorf Rd	neck if this is a new ad	dress		
5. City, state, ZIP code CICCYO IN 46034	6. Party affiliation Republi			
CANDIDATE INFORMATION (For Cand	didate's Committe	es Only)		
7. Full name of candidate (include any nickname) Robon M MULS	8. Party affiliation Republi			
9. Office sought (Include district number, if any. Not required for exploratory committee.) Mamilton County Auditor	Hami Ito			
TYPE OF REPORT	A STATE OF THE STA	CONVENTION	CANDIDATES ONLY	
11. Check one: Pre-Primary Pre-Ejection Annual Final / Disbands Committee (lines 18, 19, a) Outgoing Treasurer (within 10 days amend Statement of Organization)	nd 20 must be "0")	Check one: Pre-Convention Post-Convention		
12. Reporting period: From: October 9,2004 Through: December 31,	2004	COLUMN A This Period	COLUMN B Year to Date	
Cash on hand and investments at the beginning of this reporting period.		Charles de Carrer of Parisher insulation		
14. Cash on hand and investments January 1, current year.		650.09	1275	
CONTRIBUTIONS AND RECEIPTS				
(Note: these amounts include in-kind contributions and loans, as well as cash cont	ributions)			
15a. Itemized (use Schedule A)	TIDGUOTIS.7	2898	4486	
15b. Unitemized	the target to be an	0	200	
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	2898	4686	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	3548.09	5961	
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)		0000	5794.91	
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	-	2898	5294.91	
17b. Uniternized		0	16	
17c. Add lines 17a and 17b in both columns	SUBTOTAL	2898	5310.91	
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both co	olumns) TOTAL	650.09	650.09	
19. Debts OWED BY the committee (use Schedule D)		0		
20. Debts OWED TO the committee (use Schedule E)		0		
The state of the s				

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	OR OFFICE	USE ONLY
TRUE, CORRECT AND COMPLETE. Signature on File	Z 381	П
	-10	-
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.	A A	
(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdameanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)	9: 22	0



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other

Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIMIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts:			
Contributor's Occupation (if required)				
2	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest CLoan Misc (specify)			
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3.	Contributions: Direct In-Kind (describe)			
	Other Receipts:			
Contributor's Occupation (if required)		-		
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Contributor's Occupation (frequired)	Other Recaipts:		-	
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest I Loan Misc (specify)			
Contributor's Occupation (# required)				
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED BY
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	Other Receipts: Interest I Loan Misc (specify)	OT-SAEY S	ATTALIUMUS Sino	E MMU.IC
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L. Thomas were and COME STANCE CALL SHIT KOJ name SYLING	Contributions: Direct In-Kind (describe)	HUGARDE F	L PAGES O	A 30 JAT
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	Contributions:			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: UST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or contributions in the process side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, needs or other income) OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200) if regular party committee).

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	ULL NAME AND FULL MAILING ADDRESS ber, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers in and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Hamilton County Republican Party 255 South 10th Street Noblesville IN 46060	Contributions: Direct In-Kind (describe) Candidate Signs	875		10-18-04
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Momilton County Republican Party 255 South 10th Street	Contributions: Direct In-Kind (describe)	1990	ore centil d	10-25-04
Noblesville IN 46060	Other Receipts:	HTO SO HE	TAUOMA	Robin M Mills
Hamilton County Republican Party 255 South 104h Street Noblesville IN 46060	Contributions: Direct In-Kind (describe)	33	TALIUMUC edes- to mager	10-22-04
	Other Receipts: Interest □ Loan Misc (specify)			Robin 4 Mills
4. Propose se si batisones se belian ceste TOM sentero.	Contributions: Direct In-Kind (describe)	ni dezo cer	CONSTRUCTOR	DEVISOR
	Other Receipts: Interest □Loan Misc (specify)	F SCHEDU	HIS PAGE	JATOTEU es se supa e A GO JATO
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIMDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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				Security Barrens
	Other Receiots: Interest □ Loan Misc (specify)	T-RASY 31	TALIUMUD Sees	B MMULIOS Standardardardardardardardardardardardardard
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State Form 4806 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entitles OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

(CFA-4 SCHEDULE B) Itemized Expenditures

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Hamilton County GOP 255 Soloth Street. Noblesville IN 46060	Candidate Signs	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	875	an malantes w mo a or enutlaneous beating account or pro- c treenings a grad turnes such stan	10-18-04
Code A Hamilton County GOP 255 So 104h Street Noblesville IN 46060	Advertising	Direct Sin-Kind Payment of Debt Returned Contribution Other Purpose:	33	and the control of th	10-22-04
Hamilton County GOP 255 So 10th Street Noblesville IN 46060	Postage	Direct Sin-Kind Payment of Dept Returned Contribution Other Purpose:	1990	Pundralalog The Expenditures	10-75-04
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Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	sappled with the same came of bearing and to came came came came came came came came	eas and benefits on the same of the same o	Wages, sale single-rese single-rese Sartices Contracts, h services Contracts, h services Purchase or Surveys and
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State Form 4608 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For essistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

Enter Text of Public Question	P	UBLIC QUESTION INFORMATION			
Type of Question: Statewide Local Local Control Contro	al		an part		
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999 Individual

(CFA-4 SCHEDULE D) Debts Owed by This Committee

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS. (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	GUTSTANDING BALANCE THIS PERIOD
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

	CO-SIGNER'S NAME AND MAILING ADDRESS(if any) (street, number, city state, ZIP code)	ORIGINAL AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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